PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			46				Г	RATE	FEE	1	RATE :	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4 6 minus 20=		• 16			X\$ 9=	23400	OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =					X40=	X) V	OR	X80=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				-					
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=	co	OR	+270=	
								TOTAL	589	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· Hp	Minus .	·· L	16	=		X\$ 9=		OR	X\$18=	
	Independent	. 0	Minus	(2			X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
3,1605 (Column 1) (Column 2) (Column 2)								TOTAL	- (TOTAL	
	5/160-	(Column 1)		(Colur	mn 2)	(Column 3)		DIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	lr	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.46	Minus	4	6	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	SNDENG	3	1-2		X40=		OR	X80=	400
	rino i Phese	INTATION OF MI	OLTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	00
		(Column 1)		(Cotur		(Column 3)						1,
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		E		X\$ 9=		OR	X\$18=	,
AME	Independent	·	Minus	***		=		X40=		OR	X80=	
FIRST FRESENTATION OF MULTIPLE DEPENDENT CLAIM												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er found	l in the app	propriate box	r in col	umn 1.	

FORM PTO-875 (Rev. 8/00)

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